MAR 13	2008 W	ork Reduction Act of 1	996 no nomon are men	uired to a		t and Traden	oved for use through the nark Office; U.S. DEF	06/30/2010. (PARTMENT C	F COMMERCE	
THAT I THAT	July /					respond to a collection of information unless it displays a valid OMB control number. Complete if Known				
TO TRABE	FEE TRANSMITTAL For FY 2008				Application Nun		72,069-Conf. #4721			
							September 25, 2003			
							Tariq M. RANA			
					Examiner Name	K. Chong	·			
	Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1635	_ 			
	TOTAL AMOUNT OF PAYMENT (\$) 3,0				Attorney Docket	No.	UMY-062RCE	JMY-062RCE		
	METHOD OF PAYMENT (check all that apply)									
	Check Credit Card Money Order None Other (please identify):									
	The posit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
	Application Type	Eac (\$)	Small Entity	Eac (6)	Small Entity	Foo (t)	Small Entity	Food I	2-1-4 (6)	
	Utility	Fee (\$) 310	<u>Fee (\$)</u> 155	<u>Fee (\$)</u> 510	Fee (\$) 255	Fee (\$) 210	<u>Fee (\$)</u> 105	rees	Paid (\$)	
	Design	210	105	100	50	130	65			
	Plant	210	105		155	160	80			
	Reissue	310		310	255	620				
	Provisional		155 105	510			310			
		210	103	U	0	0	0			
	2. EXCESS CLAIM FEES Fee Description Small Entir									
	Each claim over 20	(including Reissu	ies)					50	25	
	Each independent of	-	•					210	105	
	Multiple dependent	claims	-					370	185	
	Total Claims				Paid (\$) Multiple Dependent Claims					
							ee (\$) Fee Paid (\$)			
	HP = highest number of total claims paid for, if greater than 20.									
	Indep. Claims Extra Claims Fee (\$) Fee F				aid (\$)					
	HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50									
			he application size 5 U.S.C. 41(a)(1)(0				entity) for each a	dditional 5	,	
	Total Sheets	Extra Sheets			dditional 50 or fra		of Fee (\$)	Fee	Paid (\$)	
		100-	/50 =	caon a	(round up to a who			= <u></u>		
	4. OTHER FEE(S) Fees Paid (\$)									
	Non-English/Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1255 Extension for response within fifth month 2,230.00									
	Other (e.g., late filing surcharge): 1233 Extension for response within fill month 2,230.00 1801 Request for continued examination (RCE) (see 37 810.00									
li	SUBMITTED BY ,	j								
	Signature	/1/			Registration No. (Attorney/Agent)	46,931	Telephone	(617) 99	4-0781	
	Name (Print/Type)	ebra J. Milasinci	c, Esq.				Date	March 1	3, 2008	
								-		

Dated: March 13, 2008

Docket No.: UMY-062RCE

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Tariq M. Rana

MAR 1 3 2008

Application No.: 10/672,069

Filed: September 25, 2003

For: IN VIVO GENE SILENCING BY

CHEMICALLY MODIFIED AND STABLE

siRNAs

Confirmation No.: 4721

Art Unit: 1635

Examiner: Kimberly Chong

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the Attorney Docket Number for this application should now be as follows:

UMY-062RCE

Please reference UMY-062RCE on all future correspondence.

Dated: March 13, 2008

Respectfully submitted,

Debra J. Milasincic, Esq. Registration No.: 46,931

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